COMMONWEALTH OF KENTUCKY
ELAINE N. WALKER, SECRETARY OF STATE

Division of Business Filings	Articles of Organization	KLC
Business Filings PO Box 718 Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Limited Liability Company	

Pursuant to KRS 14A and KRS 275, the undersigned applies to qualify and for that purpose submits the following statements:

Article I: The name of the limited liability company is

GOODWIN LLC

Article II: The street address of the limited liability company's initial registered office in Kentucky is

2636 Newman St.	Ashland	KY	41101
Street Address Only (No Post Office Box Numbers)	City	State	Zip Code

and the name of the initial registered agent at that office is **Jerry Wayne Goodwin**

Article III: The mailing address of the limited liability company's initial principal office is

2636 Newman St.	Ashland	KY	41101
Street Address or Post Office Box Number	City	State	Zip Code

Article IV: The limited liability company is to be managed by (must check one):

- [ ] A. a manager(s).
- [✓] B. its member(s).

Article V: This application will be effective upon filing, unless a delayed effective date and/or time is provided. The effective

date or the delayed effective date cannot be prior to the date the application is filed. The date and/or time is _____.

(Delayed effective date and/or time)

I/We declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

Signature of Organizer	Jerry Wayne Goodwin	5/15/2011
	Printed Name & Title	Date
Signature of Organizer	Melissa Sue Goodwin	5/15/2011
	Printed Name & Title	Date

I, **Jerry Wayne Goodwin**
Print Name of Registered Agent

, consent to serve as the registered agent on behalf of the limited liability company.

Signature of Registered Agent	Jerry Wayne Goodwin	5/15/2011
	Printed Name	Date

(04/11)